

## ADDITIONAL EMPLOYMENT HISTORY

### 7. EXPERIENCE *Continued....*

Name & Complete Address of Employer	
Your Job Title:	Dates Employed:                      to                      Month/Year                      Month/Year
Type of Business:	Avg. Hrs. Per Week:                      Time Employed:                      Years/Months
Immediate Supervisor(s):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer
Phone No.:	
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, employees supervised, accomplishments)	
Reason for Leaving:	

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Phone No.:	
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, employees supervised, accomplishments)	
Reason for Leaving:	